

2973

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item is not obtained insert the word "unknown". Make every effort possible to obtain this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS	
COUNTY OF MARICOPA		ORIGINAL CERTIFICATE OF DEATH	395
DISTRICT OF PHOENIX		TERRITORIAL INDEX NO.	898
TOWN		COUNTY REGISTERED NO.	81
OR CITY OF PHOENIX		LOCAL REGISTRAR'S NO.	1673
NO. 12 S. Seventh Ave.		(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
FULL NAME <u>Eduin O. Archambault</u>			
PERSONAL AND STATISTICAL PARTICULARS.			
SEX <u>Male</u>	COLOR or RACE White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican <input type="checkbox"/>	SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> * * * * WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>	
DATE OF BIRTH <u>Sept 8 1870</u> (Month) (Day) (Year)	AGE <u>41</u> yrs. mos. days If less than 1 day hrs., or, min.		
OCCUPATION (a) Trade, profession or particular kind of work <u>Shoemaker</u> (b) General nature of industry, business, or establishment in which employed (or employer)			
BIRTHPLACE (State or country) <u>New York</u>			
PARENTS			
NAME OF FATHER <u>Joseph</u>			
BIRTHPLACE OF FATHER (State or country) <u>Unknown</u>			
MAIDEN NAME OF MOTHER <u>Harriet Brewer</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Unknown</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>Mrs. Archambault</u>			
(Address) <u>Phoenix Arizona</u>			
PLACE OF BURIAL OR REMOVAL <u>Greenwood Cem.</u>	DATE OF BURIAL OR REMOVAL <u>Feb. 5 1912</u>		
UNDERTAKER <u>Merrymann & Hopt</u>	ADDRESS <u>Phoenix Arizona</u>		
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>Feb. 1 1912</u> (Month) (Day) (Year)			
I hereby certify, that I attended deceased from <u>Jan 30 1912</u> to <u>Jan 31 1912</u> , that I last saw him alive on <u>Jan 31 1912</u> and that death occurred on the date stated above at <u>6 P.</u> M. The DISEASE or INJURY causing Death was as follows: <u>Pulmonary Tuberculosis</u>			
(Duration) <u>6</u> yrs. mos. days			
Was disease contracted in Arizona? <u>No</u>			
If not, where? <u>3</u>			
CONTRIBUTORY			
(Duration) <u>6</u> yrs. mos. days			
(Signed) <u>Wm. H. Sargent</u> M. D.			
441 1912 (Address) <u>Phoenix</u>			
*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE			
At place of death <u>3</u> yrs. <u>3</u> mos. <u>3</u> ds. In Arizona <u>1</u> yrs. <u>6</u> mos. <u>0</u> ds.			
Former or Usual Residence <u>Wisconsin</u>			
Filed <u>Feb. 3 1912</u> <u>Wm. H. Sargent</u> Local Registrar.			
Filed <u>3-9 1912</u> <u>H. A. Hughes</u> County Registrar.			